MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (20)

CERTIFICATE OF DEATH

12471

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Dowell, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Dowell Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna May Bean

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 22, 1934

8. AGE: Years	Months	Days	If less than one day
6	11	6	hrs. min.

9. Birthplace: Dowell, Md. (Town, county, and state)
10. Usual occupation: Student
11. Industry or business

FATHER
12. Name: Leroy Bean
13. Birthplace: Maryland

MOTHER
14. Maiden name: Nina Franklin
15. Birthplace: Maryland

16. Informant: Nina Franklin Bean
Address: Dowell, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 28, 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: St. Johns
18. Funeral director: Pinkney E. Seese
Address: Prince Frederick
19. Dec. 28 19 40 (Date rec'd by registrar) W. J. Pardoe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 27, 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not attended 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death: Accidental cremation in the house of Leroy Bean — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 12/27/40
Where did injury occur? Dowell (City or town) Calvert (County) Md. (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: Accidental cremation Injured at work?

23. SIGNATURE: C. I. Brown
Deputy Medical Examiner for Cal. County. M. D. or other
Address: Prince Frederick, Md. Date signed

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12472

Reg. Dist. No. 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Calvert
City or town Dowell, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Dowell Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Barbra Lee Bean

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Single

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1936

8. AGE: Years	Months	Days	If less than one day
4	10	4	hrs. min.

9. Birthplace Dowell, Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Leroy Bean
13. Birthplace Md.

MOTHER
14. Maiden name Nina Franklin
15. Birthplace Md.

16. Informant Nina Franklin Bean
Address Dowell, Md.

17. Burial (Burial, cremation, or removal—which?) Date thereof Dec 28, 1940 (month) (day) (year)
Cemetery or crematory St. Johns.
Location Lusby, Md.

18. Funeral director Pinkney E. Sewell
Address Prince Frederick.

19. Dec 28 1940 (Date rec'd by registrar) L. J. Pardoe. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27, 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not attended 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death Accidental cremation in the house of Leroy Bean — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 12/27/40
Where did injury occur? Dowell (City or town) Calvert (County) Md. (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Accidental cremation Injured at work?

23. SIGNATURE G. T. Moore
Deputy Medical Examiner for Calvert Co. M.D. or Other
Address Prince Frederick, Md. Date signed

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (120)

CERTIFICATE OF DEATH

12473

Reg. Diat. No. 30

1. PLACE OF DEATH:

County Calvert

City or town Dowell, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Dowell Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Cecilia Bean

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 24, 1929

8. AGE: Years	Months	Days	If less than one day
11	11		hrs. min.

9. Birthplace Dowell, Maryland
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER 12. Name Leroy Bean

13. Birthplace Maryland.

MOTHER 14. Maiden name Nina Franklin

15. Birthplace Maryland

16. Informant Nina Franklin Bean

Address Dowell, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 28, 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location St. Johns

18. Funeral director Pinkney E. Sewell

Address Prince Frederick.

19. Dec. 28 1940 W. J. Pardoe.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27, 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not Attended 19 to 19,

and that I last saw h alive on 19.

Immediate cause of death Accidental cremation in the house of Leroy Bean — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/27/40

Where did injury occur? Dowell (City or town) Calvert (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Accidental cremation Injured at work?

23. SIGNATURE G. I. Bruce.
Deputy Medical Examiner for C.P., or County

Address Prince Frederick, Md. Date signed 12/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

12474

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Calvert

City or town Dowell, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Dowell Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Juanita Bean

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1931

8. AGE: Years	Months	Days	If less than one day
9		5	hrs. min.

9. Birthplace Dowell, Md.
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER 12. Name Leroy Bean

13. Birthplace Maryland

MOTHER 14. Maiden name Nina Franklin

15. Birthplace Maryland

16. Informant Nina Franklin Bean

Address Dowell, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 28 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location St. John's

18. Funeral director Pinkney E. Sewell

Address Prince Frederick Md.

19 Dec 28 19 40 N. J. Pardoe. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27, 1940, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not attended 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death — DURATION

Accidental cremation in the house of Leroy Bean

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/27/40

Where did injury occur? Dowell (City or town) Calvert (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Accidental cremation Injured at work?

23. SIGNATURE E. J. Moore M. D. or other

Deputy Medical Examiner for Cal. County

Address Prince Frederick, Md. Date signed 12/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

12475

CERTIFICATE OF DEATH

Reg. Dist. No. 58

1. PLACE OF DEATH:

County Calvert

City or town Dowell, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Dowell Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Lewis H. Bean

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1872

8. AGE: Years 68 Months 1 Days 1 If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

FATHER
12. Name Richard Bean
13. Birthplace Maryland

MOTHER
14. Maiden name Cornelia ?
15. Birthplace Maryland.

16. Informant Nina Franklin Bean

Address Dowell, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 29, 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location St. Johns.

18. Funeral director Pinkney E. Sewell

Address Prince Frederick.

19. Dec 29 1940 (Date rec'd by registrar) K. J. Pardre Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27, 1940, at 9P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not attended 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death: Accidental cremation in the house of Leroy Bean

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/27/40

Where did injury occur? Dowell (City or town) Calvert (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Accidental Cremation injured at work?

23. SIGNATURE G. J. Mason
Deputy Medical Examiner for Cal. County M.D. or other

Address Prince Frederick, Md. Date signed 12/28/40

RECEIVED
JAN 8 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VSA15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

12476

Reg. Dist. No. 50

1. PLACE OF DEATH:

County Calvert

City or town Dowell, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Dowell Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lita Bean

3. (b) Social Security Number

4. Sex F

5. Color or race C

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1933

8. AGE: Years 7 Months 3 Days 23 If less than one day hrs. min.

9. Birthplace Dowell, Maryland.
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Leroy Bean
13. Birthplace Maryland.

MOTHER
14. Maiden name Nina Franklin
15. Birthplace Maryland

16. Informant Nina Franklin Bean

Address Dowell, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 28, 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location St. John's

18. Funeral director Pinkney E. Sewell

Address Prince Frederick.

19. Dec. 28, 1940 (Date rec'd by registrar) H. J. Pardoe. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27, 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not attended 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Accidental cremation in the house of Leroy Bean

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/27/40

Where did injury occur? Dowell (City or town) Calvert (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Accidental cremation Injured at work?

23. SIGNATURE E. I. Mason. M.D. or other

Deputy Medical Examiner for Cal. County

Address Prince Frederick, Md. Date signed 12/28/40

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

12477

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Calvert
City or town Dowell, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Dowell, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ralph Bean

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1937

8. AGE: Years	Months	Days	If less than one day
3		24	hrs. min.

9. Birthplace Dowell, Md. (Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Leroy Bean
13. Birthplace Md.

MOTHER
14. Maiden name Nina Franklin
15. Birthplace Md.

16. Informant Nina Franklin Bean
Address Dowell, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 28, 1940 (month) (day) (year)
Cemetery or crematory Cemetery
Location St. Johns
18. Funeral director Pinkney E. Sewell
Address Prince Frederick
19. Dec 28 1940 H. J. Pardue
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not attended 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death	DURATION
Accidental cremation in the house of Leroy Bean	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 12/27/40
Where did injury occur? Dowell (City or town) Calvert (County) Md. (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Accidental cremation Injured at work?

23. SIGNATURE G. I. Bruce M. D. or Coroner
Deputy Medical Examiner for Cal. County
Address Prince Frederick, Maryland Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

12478

CERTIFICATE OF DEATH

Reg. Dist. No. 5

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Calvert County Hospital
Stay in hospital or inst. (yrs., or mos., or days): 5 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: St. Leonards Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: (If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Hayes Boyd

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Henrietta Boyd
6(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): 1881

8. AGE: Years	Months	Days	If less than one day
59			hrs. min.

9. Birthplace: Maryland.
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: Albert Boyd
13. Birthplace: Virginia

MOTHER
14. Maiden name: Caroline Boyd
15. Birthplace: Virginia

16. Informant: Henrietta Boyd
Address: St. Leonards, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-13-40 (month) (day) (year)
Cemetery or crematory: Island Creek.
Location: Calvert Co., Md.

18. Funeral director: P.E. Sewell.
Address: Prince Frederick, Md.

19. 12/12 19 40 (Date rec'd by registrar) D.N. Tuy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 11, 1940, at 1 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938, to date 19, and that I last saw him alive on Dec. 11, 1940.

Immediate cause of death: Chronic Myocarditis — DURATION: 2 yrs.
Arteriosclerosis
Chronic Nephritis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Prince Frederick, Md. Date signed 12/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

12479

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Dares

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Calvert

City or town: Dares Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Eliza Jane Coats

3. (b) Social Security Number: none

4. Sex: F

5. Color or race: C

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John Coats

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 5, 1888

8. AGE: Years: 52 Months: 9 Days: 19 If less than one day hrs. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business:

FATHER 12. Name: Geo. Coats

13. Birthplace: Md.

MOTHER 14. Maiden name: Becky Boone

15. Birthplace: Md.

16. Informant: Smythe Parran

Address: Dares.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-27-40 (month) (day) (year)

Cemetery or crematory: Patuxant Church.

Location: Calvert Co., Md.

18. Funeral director: P. E. Sewell

Address: Prince Frederick Md.

19. 12/27/ 1940 (Date rec'd by registrar) A. H. Kerry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/24/40, at 6 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on Not attended, 19

Immediate cause of death: Chronic Valv.

Due to: heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 6 Mo

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M.D. or other

Address: Deputy Medical Examiner for Calvert Co. Prince Frederick, Md. Date signed 12/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

12480

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Huntingtown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Huntingtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Walter William Cox

3. (b) Social Security Number none

4. Sex Male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Lyda Lyon Cox

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) August 22, 1865

8. AGE: Years 75 Months 4 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Calvert Co Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Nelson Cox
13. Birthplace Calvert County

MOTHER
14. Maiden name Mary Ellen Gibson
15. Birthplace Calvert County

16. Informant Roland H Trott

Address Huntingtown

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Dec. 27, 1940
(month) (day) (year)

Cemetery or crematory Calvary

Location Calvert Co., Maryland

18. Funeral director W. H. Hutchins

Address Owings, Md.

19. 12/26 1940 W. T. King
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1940, at 2:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19 1940 to Dec 25 1940, and that I last saw him alive on Dec 21 1940.

Immediate cause of death Coronary Occlusion — DURATION 15 min.

Due to Arteriosclerosis

Due to Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joe S Jett M. D. or other

Address Prince Frederick Date signed 12/26/4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12481

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Calvert
City or town Prince
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Calvert
City or town Prince Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Franklin

3. (b) Social Security Number

4. Sex M | 5. Color or race C | 6. (a) Single, married, widowed, or divorced S

8 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/24/40

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Prince Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Thomas Franklin
13. Birthplace Md

MOTHER 14. Maiden name Lida Evans
15. Birthplace Md

16. Informant Thomas Franklin
Address Prince Md

17. (Burial, cremation, or removal. Which?) Date thereof 12 25 40 (month) (day) (year)
Cemetery or crematory Smith Hill
Location

18. Funeral director George Evans
Address Dunkirk Md

19. Dec 27 1940 (Date rec'd by registrar) W H Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 , to 19
and that I last saw h alive on 19
Immediate cause of death Stillborn — DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H W Ward M. D. or other
Address Prince Md Date signed 12/24/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (120-a)

12482

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cal.
City or town: Prince Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Floyd Blondell Harris
3. (b) Social Security Number: none

4. Sex: M
5. Color or race: Col.
6. (a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 3/6/38
8. AGE: Years 2 Months 9 Days 13 If less than one day hrs. min.
9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: none
11. Industry or business
FATHER 12. Name: Edward Gantt
13. Birthplace: Md.
MOTHER 14. Maiden name: Mary Harris
15. Birthplace: Md.
16. Informant: Issac Harris
Address: Prince Frederick
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/20/40 (month) (day) (year)
Cemetery or crematory: Carroll
Location: Barstow, Calvert Co., Md.
18. Funeral director: John A. Rawlings
Address: Pr. Frederick, Md.
19. 12/20 1940 (Date rec'd by registrar) I. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 19 1940, at 10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Birth 19 , to 12/17/1940, and that I last saw h alive on 19
Immediate cause of death: Inanition — DURATION: 1 yr.
Due to: Defective diet
Due to: Gastro-enteritis. Duration: not stated. C.W.S.R.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: V. Buscoe M. D. or other
Address: Prince Frederick Date signed 12/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12483

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Calvert County Hospital
Stay in hospital or inst. (yrs., or mos., or days): 4 days
Stay in this community (yrs., or mos., or days): 2½ years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Georgia Md County: Calvert
City or town: Prince Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Carrie Mathews

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	colored	married

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 25 1885

8. AGE: Years	Months	Days	If less than one day
55	6	18	hrs. min.

9. Birthplace: Atlanta, Georgia (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business
FATHER 12. Name: Thomas Jones
13. Birthplace: Atlanta Georgia
MOTHER 14. Maiden name: Alice Griffin
15. Birthplace: Atlanta Georgia
16. Informant: Hospital records
Address: Cal. County Hospital, R. Fred. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/14/40 (month) (day) (year)
Cemetery or crematory: Plum Pt.
Location: Plum Pt.
18. Funeral director: P.E. Sewell
Address: R. Fred., Md.
19. 12/14/40 19 (Date rec'd by registrar) D. N. Tenny Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 13 1940, at 9 30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 8 1940, to Dec 13 1940, and that I last saw her alive on Dec 13 1940.

Immediate cause of death	DURATION
Generalized anasarca & Pulmonary oedema	2 weeks
Due to Chronic Nephritis	2 years
Due to Tertiary Syphilis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Page L Jett M. D. or other
Address: Prince Frederick Date signed 12/14/40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

12484

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert.

City or town: Prince Frederick.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cal Co Hospt.

Stay in hospital or inst. (yrs., or mos., or days): 3 days.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Calvert.

City or town: Adelina Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Bunting Offer

3. (b) Social Security Number: none

4. Sex: M

5. Color or race: Cal.

6. (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 28, 1925

8. AGE: Years 15 | Months 4 | Days 1 | If less than one day hrs. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business

FATHER
12. Name: Bunting Offer.
13. Birthplace: Md.

MOTHER
14. Maiden name: Ellen Markall
15. Birthplace: Md.

16. Informant: Bunting Offer.
Address: Adelina.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12-30-40 (month) (day) (year)

Cemetery or crematory: Patuxant M.E. Church.

Location: Calvert Co., Md.

18. Funeral director: P.E. Sewell.

Address: Prince Frederick Md.

19. 12/29 1940 (Date rec'd by registrar) D. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 29 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19

Not attended

Immediate cause of death: Gun shot wound of right arm

Due to: Gas 1 Bro. infection

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 3 days; 3 "

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Homicide. Date of 12/26

Where did injury occur? Adelina (City or town) Cal (County) Md. (State)

Injured at home, farm, industry, public place (where?): Public store

Means of injury: Shot gun Injured at work? No.

23. SIGNATURE: A. J. Musser. M.D. or other

Address: Prince Frederick. Date signed 12/29/40

Dept. Mod. Med Exam. Cal. Co.

RECEIVED
JAN 4 1941
BUREAU V. S.

12485

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Island Creek, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Island Creek Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Kate Parker

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	B	Widowed

6 (b) Name of husband or wife James Parker

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1860

8. AGE: Years	Months	Days	If less than one day
80	8	4	hrs. min.

9. Birthplace Calvert County Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Joe Wallace
13. Birthplace Maryland

MOTHER
14. Maiden name Sarah Ireland
15. Birthplace Maryland

16. Informant Beatrice Morsell

Address Island Creek, Maryland.

17. Burial Date thereof Dec. 6, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Island Creek

Location Island Creek

18. Funeral director P. E. Sewell

Address Pr. Frederick, Md.

19. 12/5/40 19 I. N. King
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4, 1940, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938, to Date 19

and that I last saw h alive on 19

Immediate cause of death
Chronic Myocarditis
Arteriosclerosis

DURATION
3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. T. Browne
M. D. or other

Address Prince Frederick, Md. Date signed 12/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

12486

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Calvert Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 6 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Calvert

City or town: Adelina Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Henry Smith

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Eliza Smith

B(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Aug 8, 1873

8. AGE: Years: 67 Months: 4 Days: 10 If less than one day: hrs. min.

9. Birthplace: Island Creek, Calvert, Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm

FATHER
12. Name: Henry John Smith
13. Birthplace: Calvert Co. Md

MOTHER
14. Maiden name: Mary ?
15. Birthplace: Calvert Co Md

1B. Informant: Eliza Smith

Address: Adelina

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/19/40 (month) (day) (year)

Cemetery or crematory: Carroll

Location: Barstow

1B. Funeral director: J. E. Sewell

Address: Pr. Fred., Md.

19. 12/19 1940 (Date rec'd by registrar) J. N. Tong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18 1940, at 1 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 2 1940, to Dec 18 1940, and that I last saw h im alive on Dec 17 1940.

Immediate cause of death: Uremia

Due to: Urinary Retention

Due to: Carcinoma of Seminoid

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Cate of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Page E. Jett M. D. or other

Address: Prince Frederick Date signed: 12/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

12487

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Prince Frederick, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 1 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Calvert

City or town: Dunkirk, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Annie Adelade Weed.

3. (b) Social Security Number: None

4. Sex: F

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: William A Weed.

6(c) If alive, give age: 94 years

7. Birth date of deceased (mo., day, yr.): Nov. 10, 1874

8. AGE: Years: 66 Months: 0 Days: 57 If less than one day: hrs. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business

FATHER
12. Name: David P. Smith
13. Birthplace: Md.

MOTHER
14. Maiden name: Martha L. Chaney
15. Birthplace: Md.

16. Informant: Mrs Owen Jones
Address: Dunkirk Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 12/18/40 (month) (day) (year)

Cemetery or crematory: Smithville

Location: Dunkirk Md.

18. Funeral director: Wm Reuben Pumphrey
Address: Bethesda, Md.

19. 12/15 1940 J. M. King
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/15 1940, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937, to date 1940, and that I last saw her alive on 12/15/1940.

Immediate cause of death: Coronary Occlusion — DURATION: 12 hrs.

Due to: Hypertension — 4 yrs.

Due to: Chronic Myocarditis — 3 yrs.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: E. T. Brisere
M. D. or other

Address: Prince Frederick — Date signed: 12/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

12488

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Cedar Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Calvert

City or town Cedar Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice Ireland Weems

3. (b) Social Security Number

4. Sex F.

5. Color or race White

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife James Sack Weems

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~July~~ ~~1937~~ March 14, 1848

8. AGE: Years 83 920 Months 8 Days 25 If less than one day hrs. min.

9. Birthplace Mutual (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER

12. Name George Ireland.

13. Birthplace Mutual

MOTHER

14. Maiden name Eloise A.

15. Birthplace Calvert Co

16. Informant Thomas Weems

Address Cedar Hill

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 11, 1940 (month) (day) (year)

Cemetery or crematory Christ Church

Location Port Republic, Md

18. Funeral director A. A. Harkness & Son

Address Mutual, Md.

19. 12/10 1940 (Date rec'd by registrar) J. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1940, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/1 1940, to 8/8 1940, and that I last saw her alive on 12/8 1940.

Immediate cause of death Hypertensive cardio-vascular renal disease

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. J. Weems M.D. M. D. or other

Address Huntingtown Date signed 12/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.